

Pay Policy

POLICY NO & CATEGORY	HR 15	Human Resources
VERSION NO & DATE	2	22 August 2017
RATIFYING COMMITTEE or EXECUTIVE DIRECTOR	Workforce Sub Committee	
DATE RATIFIED	August 2017	
NEXT ANTICIPATED REVIEW DATE:	August 2020	
EXECUTIVE DIRECTOR	Chief Operating Officer	
POLICY LEAD	Deputy Director Workforce and Inclusion	
POLICY AUTHOR (<i>if different from above</i>)	Deputy Director Workforce and Inclusion	
GOVERNANCE APPROVAL	Workforce Sub Committee	

POLICY CONTEXT

This policy aims to provide a uniform and equitable approach to determining local arrangements for paying additional remuneration to Trust staff, taking account of the existing provisions within national terms and conditions of employment

POLICY REQUIREMENT

The purpose of this policy is to set out the Trusts approach to additional remuneration arrangements for staff. It covers all staff employed in the Trust and bank workers including those employed under Agenda for Change, Medical staff and those senior managers within scope of the Trust's Remuneration Committee (Executive Directors).

Where necessary the policy will refer to the provisions of existing national agreements and terms and conditions of service; it will also specify those terms that are locally defined.

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1. Introduction

1.1 Rationale

- 1.1.1 The Trust recognises that there are situations where an employee may be entitled to receive additional payments in addition to their basic salary, as appropriate to their position. This policy sets out the provisions and criteria for such additional payments.
- 1.1.2 There are various types of additional payments, which include the following:
- Acting up payments /Temporary Movement to a Higher Band
 - Remuneration for extra work /Deputising for more senior staff
 - Management Responsibility Payments
 - Clinical Excellence Awards
 - Living Wage payments
- 1.1.3 This policy also sets out the expected standards that will apply where staff undertake private practice and describes the arrangements and control mechanisms in place for private practice and fee paying work at the Trust.
- 1.1.4 In addition to the above, the policy also sets out the remuneration arrangements for other categories of staff (i.e. those not covered under the National Terms and Conditions of Service) as follows:
- Arrangements for the remuneration of bank workers
 - Arrangements for the remuneration of very senior managers

1.2 Scope

- 1.2.1 The policy applies to Trust staff as well as bank workers and those on honorary arrangements. Additionally the policy also applies to those very senior managers whose terms and conditions of employment fall within scope of the Trust Remuneration Committee; as well as Non-Executive Directors, who fall within the scope of the Council of Governors Nominations and Remuneration Committee. (As a point of clarification, it should be noted that Non-Executive Directors are paid office holders rather than employees and therefore restrictions around secondary employment do not apply to them. They are required to make declarations of their other relevant employment.)
- 1.2.2 Where necessary the policy will refer to the provisions of existing national agreements and terms and conditions of service; it will also specify those terms that are locally defined.

1.3 Principles

- 1.3.1 Provide guidance in relation to in the operation of this policy to ensure there is a consistent approach when offering additional payments.
- 1.3.2 Ensure all payments to staff are consistent with national terms and conditions of service or locally determined arrangements (as appropriate) and comply with the requirements of the Working Time Regulations (including the requirement to complete an opt out form where appropriate and a risk assessment in accordance with Trust Guidelines)

- 1.3.3 Ensure appropriate governance around the consideration and approval of all additional to contract and locally determined payments

2. The Policy

- 2.1 The purpose of this policy is to set out the Trusts approach to additional remuneration arrangements for staff. It covers all staff employed in the Trust and bank workers including those employed under Agenda for Change, Medical staff and those senior managers within scope of the Trust's Remuneration Committee (Executive Directors).
- 2.2 Where necessary the policy will refer to the provisions of existing national agreements and terms and conditions of service; it will also specify those terms that are locally defined.

3. The Procedure

3.1 Additional Payments

- 3.1.1 Additional payments for example for acting up arrangements are time limited, locally determined in accordance with this policy and subject to regular review to ensure, the basis for making such payments continues to apply. Such payments will be confirmed in writing at the commencement and termination of the payment period; reflected on the Electronic Staff Record (ESR) system and the additional work / responsibility for which the payment applies will be reflected in Job Plans , and reviewed using existing RMS and appraisal processes.
- 3.1.2 These payments should be fairly and transparently applied, and be available (wherever appropriate) to all relevant staff in line with equal opportunities.
- 3.1.3 These are payments/ allowances that do not form part of an employee's basic salary and are set out below:

	Acting Up Payments/ Temporary Movement to a Higher Band	Management Responsibility Payment	Additional Programmed Activities for extra workload	Clinical Excellence Awards
Medical Staff	Yes	Yes	Yes	Yes
Approval	Clinical Director / Associate Director of Operations Extensions beyond 6 months are by exception but no longer than 12 months and subject to the authorisation of the Chief Operating Officer and Executive	Remuneration Committee for Executive Medical Director and / Deputy Medical Director. All other payments/extensions subject to approval of the Chief Operating Office/ Executive Medical Director	Clinical Director and Associate Director of Operations Extensions beyond 12 months are by exception and subject to the authorisation of the Chief Operating Officer and Executive Medical Director. For Clinical Directors this should be agreed	Employer Based Awards Committee

	Medical Director	as appropriate	by the Chief Operating Officer and Executive Medical Director	
Non-Medical Staff	Yes	Yes	Agenda for Change Terms and Conditions provisions apply (see section 2.5.)	N/A
Approval	Executive Directors, Associate Director of Operations/ Corporate Head of Service, as appropriate. Extensions beyond 6 months are by exception but no longer than 12 months and subject to agreement by the Executive Director.	Remuneration Committee for Executive Director roles. Nominations and Remuneration Committee for Non-Executive Director roles All other payments/extensions subject to approval of the relevant Executive Director	In line with the provisions outlined under section 2.5.	N/A

3.2 Acting Up Payments /Temporary Movement to a Higher Band (All staff)

3.2.1 Acting up payments or payments associated with a temporary movement to a higher band may be applied in a number of circumstances e.g. to undertake a short term project or to reflect the assumption of temporary additional responsibilities (such as during an extended period of sickness absence, maternity leave, career break etc., or where a recruitment process is being undertaken and requires temporary cover until the substantive post has been filled).

3.2.2 Acting Up Payments//Temporary Movement to a Higher Band (Non-Medical Staff)

3.2.3 The Agenda for Change Terms and Conditions do not allow acting up within an existing pay band. Acting up arrangements may only apply where a member of staff assumes the additional responsibilities of a job in a higher pay band. Where less than the full responsibilities are undertaken, managers should seek HR advice.

3.2.4 Temporary movement to a higher band will wherever possible, and following HR advice, be offered to all relevant staff within a team on a competitive basis, and be limited to a minimum of 1 month and maximum 6 months in accordance with Agenda for Change Terms and Conditions of Service

3.2.5 Any temporary movement to a higher band would need to be agreed by the Associate Director of Operations/Corporate Head of Service. The relevant Executive Director will need to approve staff acting up into Associate Director /Corporate Head of Service roles, the Chief Executive will need to approve staff acting up into Executive Director Roles. Extensions beyond 6 months are by exception (e.g. maternity leave cover) but no longer than 12 months and subject to agreement by the Executive Director /CEO as appropriate

3.2.6 Staff who are in acting up arrangement are entitled to apply for the substantive post if it becomes available in line with the Trusts recruitment policy.

3.2.7 Acting Up Payments (Medical Staff)

3.2.8 There may be opportunities in some instances for Doctors in Training /SAS Doctors to act up to provide cover on a short term basis, in accordance with the National Terms and Conditions of Service for Medical and Dental Staff.

3.2.9 Any acting up arrangement should be reviewed every 3 months by the line manager and will not, other than by exception exceed 6 months.

3.2.10 Acting up arrangements will wherever possible, following HR advice, be offered to all relevant doctors within a team on a competitive basis, and be limited to a minimum of 1 month and maximum 6 months.

3.2.11 Any acting up arrangement would need to be agreed by the relevant Clinical Director / Associate Director of Operations.

3.2.12 Extensions beyond 6 months are by exception but will be no longer than 12 months and are subject to the authorisation of the Chief Operating Officer and Executive Medical Director.

3.3 Payment of Additional Programmed Activities (Medical Staff)

3.3.1 Whilst services should plan to avoid the use of additional programmed activities, there will be some circumstances in which there may be a requirement for medical staff to undertake additional programmed activities, in order to meet additional service demands, or where additional clinical activity is required to meet specific pre planned key targets.

3.3.2 These circumstances may include, for example:

- Where the required activity is over and above the employees contractual obligations
- To compensate for unplanned loss of activity beyond a service's control e.g. sickness, and where there is inadequate capacity to recover the situation in core time;
- Where demand exceeds reasonable capacity;
- Where the overall workload of the Consultant team cannot be reorganised to address the capacity shortfall within existing contracted hours or using 'time off in lieu' options.

3.3.3 Any additional programmed activities that are agreed, will not exceed 12 months, other than by exception, and should be reviewed every 3 months by the line manager and be reflected within Job Plans.

3.3.4 Payment for additional programmed activities will be in addition to the primary contract and therefore can be terminated earlier than the specified end date with 1 months' notice.

3.3.5 Additional programmed activities will, wherever possible, and following HR advice, be offered to all relevant doctors within a team on a competitive basis, and be limited to a minimum of 1 month and maximum 12 months.

- 3.3.6 Any additional programmed activities would need to be agreed by the Clinical Director / Associate Director of Operations and confirmed in writing.
- 3.3.7 Extensions beyond 12 months are by exception and subject to the authorisation of the Chief Operating Officer and Executive Medical Director.
- 3.3.8 Any additional programmed activities for Clinical Directors should be agreed by the Chief Operating Officer and Executive Medical Director, and confirmed in writing.
- 3.3.9 In all cases, medical staff should not be paid more than 13.5 PA's as agreed by the Trust Remuneration Committee.
- 3.3.10 In exceptional circumstances where there is a requirement to undertake more than 13.5 Programmed Activities this will need to be considered and approved by the Chief Operating Officer and the Executive Medical Director and comply with the requirements of the European Working Time Directive in relation to completion of an opt out form and relevant risk assessment that needs to be undertaken in line with the Trust Working Time Regulations Guidelines.

3.4 Management Responsibility Payments (Non-Medical and Medical Staff)

3.4.1 These cover the following categories:

- Executive Payments– as determined by the Remuneration Committee
- Clinical Director – Management Responsibility Payment based on two Programmed Activities (8 hours); available for a fixed period of 3 years initially*.
- Clinical Lead / Associate Medical Director/ Clinical Tutor/Training Programme Director Roles * – Management Responsibility Payment based on 1 Programmed Activity (4 hours); available for a fixed period of 3 years initially*.

3.4.2 * Available for a fixed period of 3 years, which can be extended by a further 12 months following the approval of the Chief Operating Officer and the Executive Medical Director. Roles will be available on a competitive basis and open to all professional groups where applicable. Backfill arrangements will not apply.

3.5 Clinical Excellence Awards (CEA)

3.5.1 Each year the Trust will decide whether to operate the above scheme, the provisions of the scheme will be locally determined. Operation of the scheme is the responsibility of the Executive Medical Director supported by Human Resources. The overall value of the investment will be reviewed annually, taking account of Trust savings requirements.

3.5.2 All local Level 9 Clinical Excellence Awards are required to be reviewed every 5 years. The need to renew awards ensures that the scheme only rewards consultants who continue to meet the performance standards required. If the evidence provided is insufficient for a renewal, the award will be downgraded to a level down (with no eligibility for pay protection in line with national guidance).

3.6 Income from other Sources (Medical and Non-Medical Staff)

3.6.1 As a generally applicable rule, all employees are responsible for ensuring that the provision of Private Work or Fee Paying Services does not result in detriment to the

Trust, its patients or its services, and should adhere to European Working Time Regulations regarding any additional hours worked and risk assessments that need to be undertaken.

- 3.6.2 Doctors, including Consultants (and associate specialists) , SAS Doctors and Doctors in Training employed under the Terms and Conditions of Service of Hospital Medical and Dental Staff are permitted to carry out private practice in NHS hospitals subject to the conditions outlined in the handbook "A Guide to the Management of Private Practice in the NHS". (See also PM (79)11). Consultants who have signed new contracts with Trusts will be subject to the terms applying to private practice in those contracts.
- 3.6.3 Doctors may undertake private practice or work for outside agencies, providing they do not do so within the time they are contracted to the NHS, and they observe the conditions outlined in paragraph 3.2 above. All hospital doctors are entitled to fees for other work outside their NHS contractual duties under "Category 2" (paragraph 37 of the TCS of Hospital Medical and Dental staff), e.g. examinations and reports for life insurance purposes, Mental Health Act Assessments, giving evidence at Court, for government agency reports etc.
- 3.6.4 Hospital doctors in training must not undertake locum work outside their contracts where such work would place them in breach of the European Working Time Directive .Additionally locum work should not be undertaken during the hours the doctor is contracted to work for the Trust.
- 3.6.5 All other NHS staff are advised not to engage in other employment including agency work, which may conflict with their NHS work or be detrimental to it. Staff are required to declare to their line manager any relevant interest and seek permission before taking on outside work, if there is any question of it adversely affecting their duties.
- 3.6.6 If agreed, it is an Audit Committee requirement that the line manager must formally notify the arrangement to the Trust Company Secretary as a Declaration of Interest. See Declarations Policy for further detail
- 3.6.7 Furthermore, it should be noted that any remuneration received from external organisations or individuals through lecturing , teaching activities or for services provided during Trust time , is income that belongs to the NHS and should therefore be paid into the relevant directorate budget. (Separate provisions apply to medical staff for fee-paying work as set out within this policy. See section 3.13 for more detail.)
- 3.6.8 For all employees (including medical staff) engaging in private work the following criteria must be complied with:
- They do not use their NHS titles or the Trust's name in advertising their private work,
 - They do not use any NHS resource including Trust buildings or facilities , stationary , secretarial support, equipment or postage ,
 - It does not adversely affect their capacity to perform their NHS duties,
 - Private work is only undertaken at times when staff are off duty or on annual leave
 - They do not leave business cards or place posters in Trust premises,

- Appropriate adherence is paid to the European Working Time Regulations and issues of Health and Safety in relation to working hours
- Employees are responsible for providing their own insurance and compliance with HMRC requirements.

3.7 Private Work (Medical Staff)

- 3.7.1 This is defined as any work that is not part of the employees' contractual requirements and where a payment is received for their professional services. Private work includes any work undertaken which is incidental to the private practice work but may not necessarily attract a fee for the specific task carried out: for example: making and receiving telephone calls, typing reports including medical / legal reports, receiving and sending letters.
- 3.7.2 The Trust's stance upon Private Work is that, it must always be performed during the time the employee is **not** contracted to work for the Trust and may only be undertaken where the interests of the Trust and its patients are not detrimentally affected. **The Time Shifting provisions outlined below do not apply to private work.**
- 3.7.3 In line with the requirements of revalidation, Consultants should submit evidence of private practice to their Line Manager and their Appraiser. This will enable the Trust, as primary employer to monitor adherence to the European Working Time Directive. Private Work should be documented on the Job Plan.
- 3.7.4 Only in unforeseen, clinically justified, circumstances should employees cancel or delay an NHS patient's treatment to make way for a private patient.
- 3.7.5 Private patients should be seen separately from scheduled NHS patients on non-Trust premises. Employees are responsible for providing their own insurance and compliance with HMRC requirements.

3.8 Fee Paying Services (Medical Staff)

- 3.8.1 This work is defined as any paid professional work, other than that falling within the definition of Private Professional Services which employees carry out for a third party or the employing organisation which are not part of or reasonably incidental to the contractual services. It includes Mental Health Act Assessments, giving evidence at court and government agency reporting.
- 3.8.2 The Trust recognises that Fee Paying Services not only benefits the employee involved, but provides benefit to the healthcare community and wider social functioning. When undertaking Fee Paying Services, the Trust recognises the need for a flexible approach to the employees work schedule that can reflect the needs of both the Trust and employee.
- 3.8.3 Employees may use NHS facilities to undertake Fee Paying Service, but explicit prior agreement must be sought from their Line Manager as part of the Job Planning process. Where a doctor undertakes fee-paying work utilising Trust Resources and receives a fee, the Trust will receive a proportion of the fee as outlined in 3.11.

3.9 Time Shifting (Medical Staff)

- 3.9.1 Fee Paying Services can be undertaken on the basis of time shifting if it is formally agreed and documented as part of the Job Planning process or other formal documented discussions with the appropriate Line Manager. The Trust, through the

Local Negotiating Committee, has agreed that up to a maximum of 4 hours per week (SPA Time Only) is reasonable and acceptable for this purpose. The four hour limit cannot be exceeded except as set out at paragraph 3.10 .To regulate the practice of time shifting for Fee Paying Services, and provide a transparent audit system to monitor against, there will be an expectation that a documented discussion will take place at the annual Job Planning and / or appraisal meetings which includes:

- The total amount of Fee Paying Services work (including work undertaken outside working hours) and time shifting the employee anticipates over the next 12 months;
- whether and how the Fee Paying Services work is likely to impact on activities the employee is contracted to supply to the Trust how an equivalent amount of scheduled activity will be built back into the employee's weekly activity and undertaken without additional payment.

3.9.2 The employee will be responsible for being able to evidence if required that any time shifting arrangements have been agreed through this process.

3.9.3 Where a time-shifting arrangement is agreed, it will be reviewed regularly at management supervision sessions, and either party may end it, provided a reasonable period of notice is provided.

3.9.4 To provide this flexibility, while ensuring the Trust retains appropriate oversight of the quantity and duration of Fee Paying Services undertaken, the Declaration form within the Declarations Policy must be completed for each Fee Paying Service commencing 0800 – 1730, in accordance with the guidance provide there. Detail should be captured through the Job Planning process and through the RMS process, and formal declarations made quarterly to the Company Secretary

3.9.5 A copy of the Declaration must be e-mailed to the Company Secretary and the appropriate Line Manager.

3.9.6 Non-compliance may result in the matter being dealt with more formally through the relevant Trust policies.

3.10 Exceptions to Four Hour Weekly Limit

3.10.1 Although Fee Paying Services should not normally be undertaken during Direct Clinical Care PAs, an exception may be made where it is necessary in the interest of justice i.e. attending court to give evidence, visiting prisons to undertake assessments or undertaking an assessment required by the court.

3.10.2 Trust recognises that Fee Paying Services is by its nature unpredictable in quantity and duration and there may be times, in the wider public interest, that it is appropriate to exceed the 4 hour weekly limit. Where this is the case, there should be no detrimental impact on NHS patients. All such exceptions must be agreed individually in advance with the appropriate Line Manager.

3.11 Trust Fees Payable (Medical Staff)

3.11.1 Where a doctor undertakes fee paying work and receives a fee, the Trust will receive a contribution, where there has been any use of NHS services, accommodation or facilities in carrying out Fee Paying Services. This includes the use of secretarial support for phone calls and other administrative facilities such as lighting, office use, printing etc.

3.11.2 There will be a di minimus level of £150 in respect of category 2/fee paying work. This means for category 2 /fee paying work a £50 flat fee for use of Trust resources

is payable **when** the fee earned for each episode is above £150 and meets the criteria for the payment as set out within 3.11.1.

3.11.3 This fee does not include the use of Trust staff for typing reports as such work must be undertaken outside Trust hours. Where the Trust has agreed that NHS staff may assist the doctor in providing Private Professional Services on the Consultant's behalf, it is the Consultant's responsibility to ensure these staff are aware of the requirement not to undertake this work in Trust time.

3.11.4 Employees must fill in a fee paying (category 2) declaration form for all fee paying work and provide this to the Company Secretary, who in turn will pass on the information to Finance to issue an invoice as appropriate.

3.12 Acceptance of other types of fees not covered elsewhere in the policy (All Staff)

3.12.1 Where a staff member is offered fees, by outside agencies, including a clinical supplier; for undertaking work or engagements, (e.g. radio or TV interviews, lectures, consultancy advice or membership of an advisory board etc.), which have a bearing on his/her official duties, or draw on his/her official experience; the individual's line manager must be informed, and consent obtained in advance from the line manager, which should not be unreasonably withheld.

3.12.2 Any approval should be in writing (e-mail will suffice) and recorded on the individual's personal file. As part of the approval process, the relevant Director will require assurance that:

- the individual concerned is not making use of his/her NHS employment to further his/her private interests;
- any outside work does not interfere with the performance of his/her NHS duties;
- any outside work will not damage the Trust's reputation.

3.12.3 Nothing in this section impinges upon the undertaking of private practice by Medical and Dental Staff, in accordance with their respective Terms and Conditions of Service as outlined previously in this policy

3.12.4 If the work carried out is part of the employee's normal duties or could reasonably be regarded as falling within the normal duties of the post for example, is reflected as part of the employee's job description or Job Plan (for medical staff) and is carried out during the normal working hours of that employee, then any fee must be made payable to the Trust and the relevant Finance Manager be informed.

3.12.5 Certain other provisions apply specifically to the provision of lectures or interviews. A lecturer/interviewee should ensure that the audience is made aware of whether he/she is speaking on behalf of the Trust or in a private capacity.

3.12.6 It may not always be clear whether an individual is acting in a private capacity or as a representative of the Trust in respect of the areas outlined in 3.12.1. It is recognised that:

- Individuals may have educational roles where they are representing the Trust in inspiring future generations – if this is taking place during Trust time it should be reflected in Job Planning/time shifted/flexed as appropriate

- Individuals who have been asked to speak *because* of their role at the Trust, but where they are asked to give a *private* rather than Trust view – this would be viewed as acting in a private capacity and would need to take place outside of Trust time, or managed in line with the Trust’s Flexible Working arrangements...
- It is acknowledged that this may be a grey area and, in cases of doubt, staff should consult the respective line manager.

3.12.7 Where an individual gives a lecture, or partakes in the examples given in 3.12.1, in a *private* capacity on a matter *unrelated to the NHS and the individual’s job or profession (e.g. a hobby)*, he/she does not have to seek permission from the relevant Director. In these circumstances, the individual should avoid referring to his/her official position with the Trust.

3.13 Work undertaken for Professional Bodies (this does not include membership with Unions, which is covered under separate provisions e.g. Recognition Agreement)

3.13.1 If an employee wishes to serve as an office bearer with a professional body of which he/she is a member, the individual’s line manager must be informed and written authority be obtained.

3.13.2 Any approval to undertake work for a professional body should be recorded on the individual’s personal file. As part of the approval process, the approving line manager will need to ensure that the individual’s duties at the Trust will not be adversely affected, and that the external role will not have the potential to damage the Trust’s reputation.

3.13.3 It is recognised that it can be extremely helpful to the organisation and to our services, for members of staff to hold influential roles on external professional bodies, and given caveats outlined above, approval will not be unreasonably withheld.

3.13.4 Nothing in this section impinges upon the undertaking of private practice by Medical Staff in accordance with their respective Terms and Conditions of Service.

3.13.5 The following matters will be agreed as part of Job Planning/PDR/RMS process before the individual takes up his/her duties with the professional body:

- The time off to be granted to allow the individual to fulfil his duties with the professional body;
- Whether this time off is to be paid or unpaid;
- The extent to which expenses will be met by the Trust in respect of travel and subsistence relating to the individual’s work for the professional body;
- The nature and extent of any support to be provided by the Trust in terms of secretarial duties, access to email/internet, photocopying, printing and faxes etc.;
- Whether the costs of this support are to be charged to the professional body or met by the Trust.

3.13.6 The Trust will not pay or reimburse the costs of subscriptions to this professional body. It is the responsibility of each individual to meet the cost of his/her membership of the relevant organisation(s).

3.13.7 If an individual wishes to apply for study leave to attend an event organised by a professional body of which he/she is a member or any other event as part of a programme of continuing professional development, he/she should submit a formal application for study leave to his/her line manager/Head of Department/Director in line with the Study leave policy.

3.13.8 Any associated travel expenses must be approved in line with the Trust's Travel Expenses Policy.

3.14 Compliance and Declaration

3.14.1 It is understood that in the vast majority of cases staff will act with the best of intentions and in an honourable way. However, it is important to understand that undertaking non-Trust activities in NHS time that do not comply with this policy, *may* constitute gross misconduct *and* or a criminal offence. Any such issues will be dealt with in accordance with the Trust's Counter Fraud and Disciplinary Policies as appropriate.

3.14.2 All private and fee paying (including category 2) work undertaken by medical and non-medical staff should be declared in accordance with the Declarations Policy. This requires detail to be captured in Job Plans or through the RMS process as appropriate, and that declarations be made quarterly to the Company Secretary.

3.15 Other Locally Determined Payments

3.15.1 Bank workers

- Payments for bank workers are paid monthly, in arrears, and are based on the applicable Agenda for Change pay banding
- Incremental progression within pay bands does not apply
- Bank pay rates attract an additional 12.07% enhancement payable in recompense for annual leave entitlements under the Working Time Regulations
- Pay bands follow the Agenda for Change pay scales
- Shifts undertaken by substantive staff who hold a bank worker contract will be paid at their applicable substantive pay rate ('pay to grade')

3.15.2 Non-Executive directors

3.15.3 The Nominations and Remuneration Committee will determine remuneration levels for Trust Board non-executive directors, taking account of regional and national pay benchmarking information, and are reviewed annually. Any uplift is applicable from 1st April.

3.15.4 Executive Directors

3.15.5 The Executive Directors are paid according to pay bands agreed by the Remuneration Committee.

3.15.6 The Remuneration Committee will undertake an annual pay benchmarking review of Executive Directors salaries including application of annual pay awards any uplift is applicable from 1st April.

3.16 Living Wage Allowances

3.16.1 The Trust, as a positive employment and reputational measure, agreed to implement The Foundation Living Wage). The Trust approach to date has been to pay the living wage as an additional allowance The Living Wage rate is annually reviewed and any annual increase is subject to consideration and agreement by Trust Board including any arrangements for backdating Living Wage payments.

4. Responsibilities

This should summarise defined responsibilities relevant to the policy.

Post(s)	Responsibilities
All Staff	<ul style="list-style-type: none"> • Ensure staff are not in a position where private interests and NHS duties may conflict declare any relevant interest formally to the line manager and Company Secretary (where appropriate) in line with this policy • Seek the Trust's permission before taking on outside work, if there is any question of it adversely affecting NHS duties • Ensure compliance with the requirements of the Working Time Directive Regulations • Ensure completion of the relevant declaration forms • Ensure payment of any fees due to the Trust in a timely manner
Line Manager, Service, Clinical and Corporate Directors	<ul style="list-style-type: none"> • Ensure that staff are aware of their responsibility to declare relevant interests • Consider keeping registers of all such interests and making them available for inspection by the public • Ensure all additional remuneration payments are appropriately agreed and documented. • Ensure regular reviews are undertaken in accordance with timescales specified within the policy • Ensure detail on private work is appropriately captured and that the processes around fee paying are being followed
Policy Lead	<ul style="list-style-type: none"> • Amend the policy in line with changes (e.g. legislation, terms and conditions) and monitor the application of the policy
Executive Director	<ul style="list-style-type: none"> • To ensure the policy is applied fairly and consistently • Ensure regular audits are undertaken of the application of the policy
Human Resources	<ul style="list-style-type: none"> • The HR Department will provide advice and guidance in the application of the policy
Company Secretary	<ul style="list-style-type: none"> • To manage the process for declarations (see separate Declarations Policy) including issuing letters to senior staff about their obligations and holding a central registers of all declarations (including fee paying category 2 work)
Deputy Director of Finance	<ul style="list-style-type: none"> • To manage the process for issuing invoices and logging payments for payments related to fee paying category 2 work, in a timely way

5. Development and Consultation process

Consultation summary		
Date policy issued for consultation	1 July 2016	
Number of versions produced for consultation	1	
Committees / meetings where policy formally discussed	Date(s)	
Meeting with LNC and BMA Representative	14 July 2016	
Meeting with LNC and BMA Representative	28 July 2016	
Workforce Sub Committee	30 August 2016	
Trust Audit Committee	21 September 2016	
Trust Board	28 September 2016	
Joint Local Negotiating Committee	29 September 2016	
Workforce Sub Committee (Approval)	25 October 2016	
Trust Audit Committee (information/points of clarification)	23 November 2016	
Revision to Pay Policy		
JNCC and JLNC (draft changes discussed)	7 th June 2017 and 15 th June 2017	
Executive Meeting (changes agreed alongside Declaration of Interest Policy)	12 June 2017	
Workforce Sub Committee (changes ratified as part of Declaration Policy)	27 June 2017	
JLNC (update on changes to Pay Policy)	27 July 2017	
Workforce Sub Committee (ratification of Pay Policy)	22 August 2017	
Where received	Summary of feedback	Actions / Response

6. References

- 6.1 Management of Organisation Change Policy and Procedure
- 6.2 Job Planning Policy and Procedure for NHS Consultants and SAS Doctors
- 6.3 Working Time Regulations Guidelines
- 6.4 Standing Financial Instructions
- 6.5 NHS Terms and Conditions of Service
- 6.6 On Call Policy
- 6.7 NHS Terms and Conditions of Service
- 6.8 Terms and Conditions of Service of Hospital Medical and Dental Staff
- 6.9 A Code of Conduct for Private Practice, Recommended Standards of Practice for NHS Consultants
- 6.10 Declaration of Interest Policy

7. Bibliography

None

8. Glossary

None

9. Audit and Assurance

Element to be monitored	Lead	Tool	Frequency	Reporting Committee
All Acting up arrangements (including Temporary movement to higher band) and NHS responsibility/ additional PA's are audited to check appropriate sign off of such payments and evidence of regular review	HRBP for service areas	Data obtained from ESR	Annually	Workforce Sub Committee
Approval for over 13.5 PA's for medical staff is only signed off in exceptional circumstances	HRBP for service areas	Data obtained from ESR	Annually	Workforce Sub Committee
Audit the amount of private practice work and fee paying work recorded on e-Job Plan system by doctors (Job Planning Policy)	Medical Directorate Manager	Job Planning System	Annually	Workforce Sub Committee
Half yearly report to the Audit Committee and Workforce Sub Committee on additional to contract and locally determine payments to Trust staff	Deputy Director Workforce and Inclusion	Data obtained from ESR and Finance	Half yearly	Workforce Sub Committee and Audit Committee
Audit of all declarations of interest for private and fee paying work	Company Secretary	Data held by the Medical Directorate Manager (who holds central record of advanced declarations) copies also to be held by the relevant Line Manager Company Secretary who holds the central record of declarations received Deputy Director of Finance who holds the central record of payments	Quarterly declarations of activity Annual declarations of relationships with regular fee payers and detail on private practice (such as limited companies through which private practice is delivered). Any new declarations that arise during the year should be declared as and when they	Audit Committee

		received for private and fee paying work	arise.	
Audit of payments (sample audit of salaries including allowances/deductions to ensure payments made are consistent with contract)	Deputy Director of Finance	Data obtained from ESR and Finance	Quarterly	Workforce Sub Committee and Audit Committee

APPENDIX 1 – Line Manager Template Letter Additional Programmed Activities (Consultant)

STRICTLY PRIVATE AND CONFIDENTIAL ADDRESSEE ONLY

[Name]
[Address]

Dear [Dr/Mr/Mrs/Miss/Ms]

Contract for Additional Programmed Activities

In accordance with clause 7.6 of your main contract of employment, the Birmingham and Solihull Mental Health Foundation Trust has agreed to offer, and you have agreed to undertake, [x] additional Programmed Activity over and above the [ten]Programmed Activities that constitute your standard contractual duties, in recognition of [e.g. *the level of your current routine workload and/or the following additional responsibilities (insert here a description of the activity or duty giving rise to the additional PA)*]. The additional Programmed Activity will be incorporated into your Job Plan schedule.

The remuneration for this is covered by clause 21 of your main contract of employment, and Schedules 13 and 14 of the Terms and Conditions – Consultants (England) 2003, as amended from time to time. The additional Programmed Activity is not pensionable [for full time staff].

This contract for [one] additional Programmed Activity will commence on [date] for a fixed period of [x months], but may be terminated sooner upon service of 1 months' notice by either party. The requirement for you to undertake additional Programmed Activities will be reviewed annually as part of your Job Plan review. Termination of this contract for additional Programmed Activities will have no effect on your main contract of employment.

Additional Programmed Activities are not subject to pay protection arrangements.

Yours sincerely

[Signature]

On behalf of Birmingham and Solihull Mental Health Foundation Trust

I hereby accept the offer of additional Programmed Activities on the terms and subject to the conditions mentioned in the foregoing letter.

[Signature]

[Date]

This offer and acceptance of it shall together constitute a contract between the parties.

APPENDIX 2 – Line Manager Template Letter Additional Programmed Activities (SAS/Middle Grade Doctor)

STRICTLY PRIVATE AND CONFIDENTIAL ADDRESSEE ONLY

[Name]

[Address]

Dear [Dr/Mr/Mrs/Miss/Ms]

Contract for Additional Programmed Activities

In accordance with Clause 6.6 of your main contract of employment, the Birmingham and Solihull NHS Foundation Trust has agreed to offer, and you have agreed to undertake, [insert number] Additional Programmed Activity(ies) (APAs) over and above the ten Programmed Activities that constitute your standard contractual duties, in recognition of [e.g. *the level of your current routine workload and/or the following additional responsibilities (insert here a description of the activity or duty giving rise to the additional PA or PAs)*].

The Additional Programmed Activities will be used for [insert purpose – typically a *Direct Clinical Care activity*] and will be worked at the following times [insert times or state alternative provision e.g. *flexibly by mutual agreement when required throughout the year*]. Note: where APAs are to be worked flexibly and not on fixed dates or times, there should be local agreement as to how much notice will be given before the APA is required to be worked]. The APA's will be incorporated into your Job Plan schedule and will be subject to the Job Planning process.

The remuneration for this is covered by Clause 21 of your main contract of employment, and Schedule 14 of the [insert *Terms and Conditions of Service – Specialty Doctor (England) or Terms and Conditions of Service - Associate Specialist (England)*] (the TCS). You will be paid on a monthly basis. All other terms and conditions applicable to this contract are set out in your main contract of employment and in the TCS (so far as is relevant and applicable).

This contract for [insert number] APA(s) will commence on [insert date] for a fixed period of [insert duration], but may be terminated at any time upon service of 1 months' notice by either party. The requirement for you to undertake APA's will be reviewed annually as part of your Job Plan review.

In the event of termination of this contract by either party, there will be no adverse impact on pay progression and no effect on your main contract of employment.

APAs are not pensionable nor are they subject to pay protection arrangements.

Yours sincerely

[Signature]

On behalf of Birmingham and Solihull Mental Health Foundation Trust

[Date]

I hereby accept the offer of Additional Programmed Activities on the terms and subject to the conditions set out in the foregoing letter.

APPENDIX 3 – Line Manger Template Letter Acting Up/Temporary Movement into Higher Band (Agenda for Change Staff) Arrangements

**STRICTLY PRIVATE AND CONFIDENTIAL
ADDRESSEE ONLY**

[Name]
[Address]

Dear [Dr/Mr/Mrs/Miss/Ms]

Re: Confirmation of Acting up Position / Temporary Movement into Higher Band (Agenda for Change staff)

I refer to your recent successful interview for the post of [insert job title] which commences on [insert date] for an initial period of [up to 6 months].

Your start date will be [insert date] and the expecting completion date will be [insert date].

During your period of acting up/temporary movement to a higher band (Agenda for Change staff), you will report to [name, position].

Your appointment will be based at [insert location]. The salary for this post will be [insert details], working [insert hours] hours per week [full/part] time

If you have any queries about the contents of this letter, please do not hesitate to contact me.

Yours sincerely

**[insert name]
[job title]**

Equality Analysis Screening Form

Title of Proposal	Pay Policy			
Person Completing this proposal	Mark Ratley	Role or title	Deputy Director Workforce and Inclusion	
Division	Corporate	Service Area	Workforce and Inclusion	
Date Started	1 August 2017	Date completed	18 August 2017	
Main purpose and aims of the proposal and how it fits in with the wider strategic aims and objectives of the organisation.				
<p>The purpose of this policy is to set out the Trusts approach to additional remuneration arrangements for staff. This Policy has been in place since October 2016, however the Policy has been recently updated to reflect recent revisions agreed in relation to section 3.11 of the Policy.</p>				
Who will benefit from the proposal?				
<p>The policy applies to Trust staff as well as bank workers and those on honorary arrangements (as appropriate). Additionally the policy also applies to those very senior managers whose terms and conditions of employment fall within scope of the Trust Remuneration Committee; as well as Non-Executive Directors, who fall within the scope of the Council of Governors Nominations and Remuneration Committee.</p> <p>The policy provides guidance to ensure there is a consistent approach when offering additional payments and to ensure all payments to staff are consistent with national terms and conditions of service or locally determined arrangements (as appropriate) and comply with the requirements of the Working Time Regulations.</p> <p>The policy also aims to ensure appropriate governance around the consideration and approval of all additional to contract and locally determined payments.</p>				
Impacts on different Personal Protected Characteristics – Helpful Questions:				
<p><i>Does this proposal promote equality of opportunity?</i> <i>Eliminate discrimination?</i> <i>Eliminate harassment?</i> <i>Eliminate victimisation?</i></p>		<p><i>Promote good community relations?</i> <i>Promote positive attitudes towards disabled people?</i> <i>Consider more favourable treatment of disabled people?</i> <i>Promote involvement and consultation?</i> <i>Protect and promote human rights?</i></p>		
Please click in the relevant impact box or leave blank if you feel there is no particular impact.				
Personal Protected Characteristic	No/Minimum Impact	Negative Impact	Positive Impact	Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.

Age	X			No evidence that the changes proposed will disproportionately impact staff on the basis of age and level/grade
Including children and people over 65 Is it easy for someone of any age to find out about your service or access your proposal? Are you able to justify the legal or lawful reasons when your service excludes certain age groups				
Disability	X			No evidence that the changes proposed will disproportionately impact staff on the basis of disability/protected characteristics
Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?				
Gender	X			No evidence that the changes proposed will disproportionately impact staff on the basis of gender/protected characteristics
This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your proposal?				
Marriage or Civil Partnerships	X			No evidence that the changes proposed will disproportionately impact staff on the basis of marriage/civil partnerships/protected characteristics
People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
Pregnancy or Maternity	X			No evidence that the changes proposed will disproportionately impact staff on the basis of pregnancy/protected characteristics
This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post-natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?				
Race or Ethnicity	X			No evidence that the changes proposed will disproportionately impact staff on the basis of race/ethnicity /protected characteristics
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
Religion or Belief	X			No evidence that the changes proposed will disproportionately impact staff on the basis of religion/belief /protected characteristics

Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
Sexual Orientation	X			No evidence that the changes proposed will disproportionately impact staff on the basis of sexual orientation/protected characteristics
Including gay men, lesbians and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				
Transgender or Gender Reassignment	X			No evidence that the changes proposed will disproportionately impact staff on the basis of transgender/gender reassignment /protected characteristics
This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your proposal or service?				
Human Rights	X			No evidence that the changes proposed will disproportionately impact staff on the basis of human rights/gender reassignment /protected characteristics
Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				

If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)				
	Yes	No		
What do you consider the level of negative impact to be?	High Impact	Medium Impact	Low Impact	No Impact
				X
If the impact could be discriminatory in law, please contact the Equality and Diversity Lead immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.				
If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the Equality and Diversity Lead before proceeding.				

If the proposal does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the **Equality and Diversity Lead**.

Action Planning:

How could you minimise or remove any negative impact identified even if this is of low significance?

Full consultation took place with a range of stakeholders and the Unions prior to implementation of the policy. The policy provides a framework and guidance to ensure any additional remuneration arrangements are implemented in a consistent and equitable manner

How will any impact or planned actions be monitored and reviewed?

Implementation of the policy will be reviewed at Workforce Committee and at Audit Committee

How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.

The policy is applicable to all appropriate staff regardless of personal protected characteristics.

Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at hr.support@bsmhft.nhs.uk. The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis.